Federal Communications Commission Order FCC 07-198
FCC Rural Healthcare Pilot Program
Quarterly Data Report: Quarter Ending: March 31, 2010
GREATER MINNESOTA TELEHEALTH BROADBAND INITIATIVE (GMBTI)

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

Project Leaders: Mark Schmidt, Project Coordinator, CIO
Jeff Plunkett, Associate Project Coordinator
Kap Wilkes, Associate Project Coordinator
SISU Medical Systems, Inc.
5 West 1st Street, Suite 200
Duluth, Minnesota 55802

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Mark Schmidt
SISU Medical Systems
5 West First Street, Suite 200
Duluth, MN 55802
Telephone: (218) 529-7900
Fax: (218)529-7920
mschmidt@sisunet.org

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

SISU Medical Systems, Inc.

d. Explain how project is being coordinated throughout the state or region.

The Greater Minnesota Telehealth Broadband Initiative (GMTBI) Steering Committee is organized through a Memorandum of Agreement to act as an approving body for decisions and actions needed through the RFP/funding process as well as council to the Project Coordinator, Mark Schmidt, on behalf of the lead organization, SISU Medical Systems. The GMBTI Steering Committee meets face to face for discussion and decisions quarterly and as needed via conference calls to council on management of the project.

The voting members of the GMTBI Steering Committee members are:

1. Ron Brand, Minnesota Association of Community Mental Health Programs, representing over 120 mental health centers and satellites
2. Jon Linnell, North Region Health Alliance (NRHA), representing 19 hospitals in Minnesota and North Dakota (overlap with SISU, MTN)
3. Debra Ranallo, Medi-sota, Inc., non-profit consortium comprised of 30+ hospitals in Minnesota and South Dakota
4. Mark Schmidt, SISU Medical Systems, Inc., a non-profit consortium of 16 medical centers that share information technology resources (overlaps with MTN, NRHA, and Medi-sota, Inc.)
5. CHANGE: Replacement to be determined: ~~Cindy Uselman, Tri-County Hospital, Wadena, Minnesota Telehealth Network (MTN), representing 21+ hospitals in Minnesota and North Dakota (overlap with NRHA, SISU, Medi-sota~~

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The non-voting regular participants of the GMTBI Steering Committee are:

1. Karen Welle, Minnesota Department of Health, Office of Rural Health and Primary Care
2. Mark Schoenbaum, Minnesota Department of Health, Office of Rural Health and Primary Care
3. Stuart Speedie, University of Minnesota, Center for Health Informatics, and Minnesota Telehealth Network
4. Zoi Hills, University of Minnesota, Center for Health Informatics Minnesota Telehealth Network
5. Myron Lowe, University of Minnesota, Information Technology
6. Jeff Plunkett, SISU Medical Systems
7. Kap Wilkes, SISU Medical Systems

Temporary non-voting participants of the GMTBI Steering Committee include the active RFP's IT staff:

1. Chris Bulau, Sibley Medical Center, Arlington (RFP00 HCP – IT Manager)
2. CHANGE Replacement to be determined: ~~Maureen Ideker, Rice Memorial Hospital, Willmar (Medi-sota hospital member)~~
3. Derrick Ochsendorf, Johnson Memorial Hospital, Dawson (RFP00 HCP- IT Manager)
4. Paul Pettit, Murray County Medical Center, Slayton (RFP00 HCP- IT Director)
5. Gregg Price, Rice Memorial Hospital, Willmar (RFP00 HCP – Network Manager)
6. Marsha Waind, Altru , Crookston (RFP01 HCP – IT Supervisor)

2. Identify all health care facilities included in the network.

Spreadsheet is organized to reflect the participating organizations of the specific RFP beginning during the quarter that the RFP's 466A package is submitted.

Johnson Memorial	**Murray County Medical Center**	**Rice Memorial Hospital**	**Sibley Medical Center**
320-769-4323	507-836-1298	320-235-4543	507-964-2271
1282 Walnut St.	2042 Juniper Ave.	301 Becker Ave. SW	601 W. Chandler St.
Dawson, MN	Slayton, MN	Willmar, MN	Arlington, MN
MN	MN	MN	MN
Lac Qui Parle	Murray	Kandiyohi	Sibley
56232	56172	56201	55307
RUCA=10.6	RUCA=10	RUCA=4	RUCA=7
Census Tract=	Census Tract=	Census Tract=	Census Tract=
NFP, Public	NFP, Public	NFP, Public	NFP, Public
100% Eligible	100% Eligible	100% Eligible	100% Eligible

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
b. For each participating institution, indicate whether it is:

i. Public or non-public;
ii. Not-for-profit or for-profit;
iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;
b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

The Network Diagram is available on the USAC GMTBI Sharepoint document library along with the RFP that describes the network. Additional network narrative will be developed over the coming quarters.

4. List of Connected Health Care Providers: Provide information below for all eligible and noneligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

a. Health care provider site;
b. Eligible provider (Yes/No);
c. Type of network connection (*e.g.*, fiber, copper, wireless);
d. How connection is provided (*e.g.*, carrier-provided service; self-constructed; leased facility);
e. Service and/or speed of connection (*e.g.*, DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
g. Site Equipment (*e.g.*, router, switch, SONET ADM, WDM), including manufacturer name and model number.
h. Provide a logical diagram or map of the network.

Murray County Medical, Rice Memorial Hospital, and Sibley Medical Center, at the close of the most recent reporting period, are connected to the network. Johnson Memorial Hospital is not. The detail of each connection (a-e) is provided within the 466A package for RFP00, Network diagram, and contract documents. All of these documents have been uploaded and are available on the USAC RHCPP sharepoint site.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design
b. Network Equipment, including engineering and installation

c. Infrastructure Deployment/Outside Plant

i. Engineering

ii. Construction

d. Internet2, NLR, or Public Internet Connection

e. Leased Facilities or Tariffed Services

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

g. Other Non-Recurring and Recurring Costs

Budgeted information is currently available for RFP00 within the Network Diagram, Network Cost Worksheet, and 466A on the USAC GMTBI Sharepoint document Library. Actual costs are not applicable at this point in time.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

All participants are 100% eligible.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

Network participant's source of fund to cover costs is the individual organizations operational budget.

ii. Ineligible Pilot Program network participants NA

c. Show contributions from all other sources (*e.g.*, local, state, and federal sources, and other grants). NA

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

ii. Identify the respective amounts and remaining time for such assistance.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

Not Applicable at this point in time.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

No ineligible entities have requested or are being considered for connecting to the participant's network.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

GMTBI Leadership and Management Structure (Details in paragraphn1-d)

April 2010 GMTBI work plan: no changes.

January 2010 GMBTI work plan:

GMTBI Steering Committee is complete with a signed Memorandum of Agreement in place. The GMBTI Steering Committee meets regularly and will guide the project coordinator in the management of the project. There are 5 voting members within this committee; one from each participating network of HCPs. Additionally there are regularly contributing members from either state organizations or hospitals providing input and information.

Mark Schmidt is acting as Project Coordinator, Jeff Plunkett and Kap Wilkes are acting as Associated Project Coordinators, SISU Medical Systems. Jeff Plunkett brings technical knowledge and skills that will support the RFP writing, vendor selection, and network implementation management. Kap Wilkes brings project management knowledge and will manage communication, documentation and reporting of the overall project and the invoicing process..

Karen Welle , of MN Dept of Health, Office of Rural Health and Primary Care, has been removed as Associate Project Coordinator, replace by Kap Wilkes, SISU Medical Systems. .

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. ***The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational.*** **Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation. 423 Non-recurring costs are flat charges incurred only once when acquiring a particular service or facility. Recurring usage or length of service contract.**

Project Work Plan, key project deliverables and timeline

April 2010 GMTBI work plan:

- RFP00 funding commitment Letter issued no later than June 1, 2010
- RFP01 approved and submitted for competitive bidding no later than June 1, 2010
- RFP02 written and presented to participating HCPs and GMTBI Steering committee for review and edits; August, 2010.
- Sustainability Plan revised with GMTBI Steering Committee and participating HCP input and commitment to future plans; June 2010.

	January 2010 GMBTI work plan: In its application work plan, the GMTBI envisioned the creation of a strong integrated rural telehealth/e-Health infrastructure that will allow providers to exchange health care data and will ultimately allow any patient in any community in Minnesota to connect to any provider in Minnesota and beyond. Planning for achieving the goals set forth by the GMTBI is underway. Due to changes in funding amount and timeline for the program (additional funding over three years) the goals and workplan of the GMBTI have been modified. Further changes from the application work plan are expected as implementation moves forward and adjustments are required.
RHCPP Timeline Extension Request	
	April 2010 GMTBI work plan: The FCC ruled to extend the RHCPP deadline for all participating pilot projects to 6/39/2010. This extension will allow the GMTBI to successful implement RFP02 .
	January 2010 GMTBI work plan: Seeking an extension of one year of the RHCPP filing deadline of 6/30/2010. This took the form of a written request to Thomas Buckley, FCC, from Greater Minnesota Telehealth Broadband Initiative (GMTBI) Project Coordinator asking to be considered along with other RHCPP projects that are requesting an extension. The FCC decision of an extension for all RHCPP projects is tied to the North Carolina Telehealth Network request, DA 09-2609.
RFP00- create first small network hub	
	April 2010 GMTBI work plan: GMTBI Project Coordinators continue to work directly with the USAC Coach to complete documentation of the 466A package and competitive bidding process. We are expecting approval and issuance of the Funding Commitment Letter no later than June 1, 2010. Assoc Project Coordinator is working with the four participating sites to create a reference document to be used by both the HCP's and Project Coordinator: Authorization for Payment and Certification of Eligibility. This document contains the same vendor, account, and cost information as the 466A and Network Cost Worksheet. We are expecting this information to be identically reflected within the Funding Commitment Letter.
	January 2010 GMBTI work plan: Complete documentation for RFP (00) and receive Funding Commitment Letter in order to begin invoice reimbursement process with initial participants. This installation of the proposed circuits (and thus also the 466 documentation) was significantly delayed due to a last minute change in the last-mile service provider. This has now been rectified, the circuits installed and accompanying hardware installed.

RFP01- create core network hub and second small network hub

April 2010 GMTBI work plan: Project Coordinator and Associate Project Coordinator will complete a redesign of RFP01 to incorporate MLSP technology/programming. This redesign is needed due to changes in known technology since the initial GMTBI network planning. The RFP01 is expected to be completed, approved by the GMTBI Steering Committee, and submitted for bidding no later than June 1, 2010

Participating HCP's network connections are expected to be live and operational in Fall 2010.

January 2010 GMTBI work plan:
The RFP (01) has been submitted to USAC for review and will soon be posted for competitive bidding. This RFP , when completed will form the primary infrastructure for the entire project ; a centrally managed hub sites located in Crookston, Willmar, Minneapolis, and Duluth, MN

RFP02 – connect rural HCPs to statewide network infrastructure

April 2010 GMTBI work plan: with RHCPP pilot extension to 6/30/2011 we continue to plan submission and implementation of RFP02. We expect to submit the RFP02 for competitive bidding in August 2010. The competitive bidding window will be 60 days due to the extensive size of the proposal.

Participating HCP's network connections are expected to be live and operational in Winter 2010 - Spring 2011.

January 2010 GMBTI work plan:
The RFP (02) is a large proposal, incorporating more than 120 facilities. ***We will not be able to complete this proposal, post for 60 days, and complete the 466 and NWC in time to receive a funding commitment letter prior to the 6/30/2010 filing deadline without significantly impacting the scope of our project***. However, if our request for a 1 year extension is approved we will be able to carefully and thoroughly submit this third RFP for all currently identified participants by mid-summer to be posted for 60 days and will expect implementation to be completed by the end of 2010.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining. (Sustainability plan completed Oct 2009).

The GMTBI developed a sustainability plan in this quarterly reporting period to Gary Wittenauer and to the RHCPP web site for review. The plan was approved and was considered a building block for the GMTBI program. The focus of the sustainability plan was:

Organizational Sustainability

- A representative GMBTI steering committee (see below) to develop the changing needs of the network to provide direction to the GMTBI.

- Annual surveys to assess what is working well and identify areas of improvement.
- Further develop the Minnesota Telehealth Registry, an online shared directory of Telehealth capable facilities and sites listing the Telehealth applications.
- Inform state legislators of the progress of telemedicine and initiate conversations to improve billable rates for Telehealth services such as psychiatry, specialty consultations and prevention programs.

Facility Sustainability

- Reorganization of budget priorities to minimize the need for the majority of travel which will convert travel time into billable expense opportunities.
- Identify applications for Telehealth through the collaborative effort of sites to procure grant funding outside of the FCC pilot.
- Develop a subscription based service to access stored content via streaming media environments to market to healthcare professionals and facilities across the GMTBI service areas.
- Conduct marketing and outreach efforts to expand network membership to facilities not currently included in the pilot.
- Develop a partnership with the states in which we operate to provide Telehealth services in the county jails and the state correctional facilities.

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

Not Applicable at this point in time.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
d. Explain how the supported network has used resources available at HHS's Agency for

Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

Not Applicable at this point in time.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (*e.g.*, pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

Not Applicable at this point in time.